

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2020 FEB -4 PM 4:01

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Jeff Michaels

Employing Office/Committee: Sen Wyden

Travel Expenses Paid by (List all sources): PEW Charitable Trust

Travel Date(s): 9/13/19 9/13/19

Description/Title of Attached Forms: RE-1, per request

Purpose of Amendment (describe the reason for amending original submission): Missing RE-1

01/28/20
(Date)

[Signature]
(Signature of Traveler)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics** in SH-220. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC SEP10'19PM 2:26

Name of Traveler: Jeff Michels

Employing Office/Committee: Senator Ron Wyden

Private Sponsor(s) (list all): Pew Charitable Trust

Travel date(s): 9/13/2019 - 9/15/2019

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Annapolis, MD

Explain how this trip is specifically connected to the traveler's official or representational duties:

this is an ongoing program to promote bipartisan cooperation and dialog. They offer training on the management of staff and members and guidance on best practices for common Senate Office issues.

Name of accompanying family member (if any): none

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

9/10/19
(Date)


(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Ron Wyden hereby authorize Jeff Michels
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

9/10/19
(Date)


(Signature of Supervising Senator/Officer)